## NOTICE OF PROPOSED RULE ADOPTION

## STATE OF MISSISSIPPI Mississippi State Board of Medical Licensure



MISSISSIPPI SECRETARY OF STATE

Mississippi State Board of Medical Licensure c/o Rhonda Freeman

Specific Legal Authority authorizing the promulgation of Rule: {Insert citation to state or federal statute, or rule\_Section 73-43-11

1867 Crane Ridge Drive, Suite 200-B Jackson, MS 39216	Reference to Rules repealed, amended or suspended by the Proposed Rule: { Insert citation to specific rule(s) repealed, amended or suspended XXVII. Regulations Pertaining To Emergency
(601) 987-3079 rhonda@msbml.state.ms.us	Telemedicine Within The State
Explanation of the Purpose of the Proposed Rule and to This is an amendment to an existing rule. The rule l	he reason(s) for proposing the rule: {Insert here}
for several years. The proposed amendment deletes the repeal date and allows the rule to be valid indefinitely.	
This rule is proposed as a Final Rule, and/or a Temp	porary Rule (Check one or both boxers as applicable.)
address. Persons making comments should include the	by addressing written comments to the agency at the above gir name and address, as well as other contact information, and telephone number of the party or parties you represent.
Oral Proceeding: Check one box below:	
An oral proceeding is scheduled on this rule of Place: {Insert Place}	n Date: {Insert Date} Time: {Insert Time}
the above address at least day(s) prior to the	ne oral proceeding you must make a written request to the agency at the proceeding to be placed on the agenda. The request should well as other contact information; and if you are an agent or or of the party or parties you represent.
will be held if a written request for an oral procee persons. The written request should be submitted (20) days after the filing of this notice of propose	ale. Where an oral proceeding is not scheduled, an oral proceeding eding is submitted by a political subdivision, an agency or ten (10) to the agency contact person at the above address within twenty d rule adoption and should include the name, address and telephone if you are an agent or attorney, the name, address and telephone
Economic Impact Statement: Check one box below:	
☑The agency has determined that an economic is	mpact statement is not required for this rule, or
☐The concise summary of the economic impact	statement required is attached.
The entire text of the Proposed Rule including the text of a	any rule being amended or changed is attached.
Date Rule Proposed: January 4 2006	Proposed Effective Date of Rule: October 19, 2005

Signature and Title of Person Submitting Rule for Filing

SOS FORM APA 001 Effective Date 07/29/2005

Rhonda Freeman **Division Director**